

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

|                                       |                                   |   |              |          |  |  |    |  |
|---------------------------------------|-----------------------------------|---|--------------|----------|--|--|----|--|
| 1 Date of Request: _____              |                                   | 2 Serial/Patent # <b>10/525384</b>  |              |          |  |  |    |  |
| 3 Please refund the following fee(s): |                                   | 4 PAPER NUMBER  | 5 DATE FILED | 6 AMOUNT |  |  |    |  |
|                                       | Filing                            |   |              | \$       |  |  |    |  |
|                                       | Amendment                         |   |              | \$       |  |  |    |  |
|                                       | Extension of Time                 |   |              | \$       |  |  |    |  |
|                                       | Notice of Appeal/Appeal           |   |              | \$       |  |  |    |  |
|                                       | Petition                          |   |              | \$       |  |  |    |  |
|                                       | Issue                             |   |              | \$       |  |  |    |  |
|                                       | Cert of Correction/Terminal Disc. |   |              | \$       |  |  |    |  |
|                                       | Maintenance                       |   |              | \$       |  |  |    |  |
|                                       | Assignment                        |   |              | \$       |  |  |    |  |
|                                       | Other                             |   |              | \$       |  |  |    |  |
|                                       |                                   | 7 TOTAL AMOUNT OF REFUND  |              |          |  |  |    |  |
|                                       |                                   | \$  |              |          |  |  |    |  |
|                                       |                                   | 8 TO BE REFUNDED BY:  |              |          |  |  |    |  |
|                                       |                                   | Treasury Check  |              |          |  |  |    |  |
|                                       |                                   | Credit Deposit A/C #:   |              |          |  |  |    |  |
|                                       |                                   | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |              |          |  |  | -- |  |
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|                                       |                                   |   |              |          |  |  |    |  |
|                                       |                                   |   |              |          |  |  |    |  |
|                                       |                                   |   |              |          |  |  |    |  |
| 11 REFUND REQUESTED BY: _____         |                                   | TYPED/PRINTED NAME: _____ TITLE: _____<br>SIGNATURE: _____<br>OFFICE: _____<br>*****<br>THIS SPACE RESERVED FOR FINANCE USE ONLY:<br>APPROVED: _____ DATE: _____  |              |          |  |  |    |  |
|                                       |                                   |   |              |          |  |  |    |  |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*